

**U.S. Public Health Service
Commissioned Corps Readiness Force
Student Application**

Please initial next to each line on the form below confirming that you have met the CCRF course prerequisites. Fax this page along with your completed course application and a copy (front and back) of your BLS for Healthcare Providers card to the CCRF fax number on the following page.

INITIAL	CCRF REQUIREMENTS
	Own at least 2 complete pairs of the Working Khaki uniform.
	APPLICATION PREREQUISITES
	Supervisor's permission to attend.
	Own at least 2 complete pairs of the woodland BDUs.
	Completed physical exam (including medical review) on file with DCP within past 5 years.
	Certified in AHA BLS for Healthcare Providers and recorded on CCRF Officer Summary Page. You must fax a copy of your BLS card (front and back) with your application.
	Current licensure (if applicable) on file with DCP and recorded on CCRF Officer Summary Page.
	Immunization requirements completed (Hep A + B series started) and recorded on CCRF Officer Summary Page.
	Current APFT recorded on CCRF Officer Summary Page.
	Recorded height and weight on CCRF Officer Summary Page.
	Recorded the number of hours you practice your professional skill on CCRF Officer Summary Page.
	Current login and update of CCRF Officer Summary Page.
	Completion of most or all sessions on the CCRF Online Training Program.



(YOU MUST FILL IN EACH FIELD)

Why do you think you should be selected for this course?		
Supervisor's Name	Supervisor's Signature	Date